

4HR/NEAT Project
Interview Schedule:
Qualitative interview – 60 minutes

The aim of this research is to understand how the four hour rule/NEAT has had an impact on participating Emergency Departments and hospitals across WA, NSW, QLD and ACT.

1. **Background information:**
 - a. Can you tell me your position here (and how long you have worked in this position at this hospital)?
 - b. Have you held any other positions here?
 - c. Overall, how long you have been working at [hospital] ED?

2. What do **you** think about the target?
 - From your personal perspective
 - From your professional perspective (e.g. how has it enabled or held back your performance of your role in the ED?)
 - From your organisation's perspective (e.g. how well has your ED performed in meeting the target?)

3. Based on **your** experience prior to the target's introduction, what difference, if any, has the target made to:
 - a. **Your** practice?
 - b. For managerial staff only: The **hospital** you manage?

4. What were the most important issues facing your ED that hindered performance:
 - a. **Two to five years prior** to the implementation of the 4hr NEAT?
 - b. **During** implementation of the 4hr NEAT?
 - c. **Now**?

Some possible examples:

- Staffing issues
- Access Block
- Patient Care
- Compliance with the NEAT
- Completeness of care

5. What **changes** were planned **before** the target was implemented (**DATE**), and what has been done **since** its implementation? (Please give us **dates** for these changes where you can.)

Some possible examples:

- Physical changes to ED
- Staff role/rostering changes
- Process changes (triage, admission/discharge process, radiology)
- Managerial staff: **policy** level changes?
- Managerial staff: **Financial incentives**/funding changes?

6. What has been the effect of the target on **ED staff** with regard to stress/morale, and how has this had an impact on **patients** and **staff relationships with patients**?

Some possible examples:

- Has workload pressure increased/decreased/remained the same as a result of NEAT?
- Has NEAT affected the flow of power through clinical and professional relationships of its staff?
- Has moving patients through the system at a faster rate affected staff interactions/relationships with patients?
- How do you think patients feel about the NEAT?

7. What advice would **you** give other organisations trying to make these kinds of process changes?

8. For managerial staff only: We would like to have an overall picture of your hospital's ED, could you fill out the following table:
 (This table will be filled out by one member of the managerial or data manager staff per hospital)

Provide answers for the most recent calendar year (2014):

Total attendances • By ATS categories	
Total ambulance attendances	
Total paediatric attendances (Age < or equal to 15) as per ACEM survey	
Total Admissions • Of these, ED short stay admissions	
Total treatment cubicles/locations • Of these– ambulant , non-ambulant cubicles/locations	
ED short stay beds	
Total hospital overnight beds (including overnight ED short stay beds)	
Typical clinical ED FTE per day • Of these Medical, Nursing, Allied Health	
Typical ATS Category waiting time compliance for each category	
Typical 4 hour rule compliance for ED short stay admissions	
Typical 4 hour rule compliance for non-ED (i.e. inpatient) admissions	
Typical ambulance diversion performance (circle)	Not allowed in this State Less than an hour a day More than an hour a day
Typical ambulance ramping issues (i.e. ambulance unloading delayed by more than 15 minutes due to a lack of space in the ED to unload patient) (circle)	Less than weekly At least once a week Most days of the week